

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT							
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1								51			
2								52			
3								53			
4								54			
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43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.		TOTAL DEP.		TOTAL CLAMS		TOTAL IND.		TOTAL DEP.		TOTAL CLAMS	